



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		Education/Office of School and Student Supports/School Health	
Department Contract Administrator or Grant Coordinator:		Emily Poland	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)		\$ 9,450	Advantage CT / RQS #: CT 20230320*2372
CONTRACT	Proposed Start Date:	4/3/2023	Proposed End Date: 6/30/2023
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:
	Previous End Date:	Click or tap to enter a date.	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Delta Ambulance	
Brief Description of Goods/Services/Grant:		Emergency Training for School Nurses	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Providing opportunity for specific emergency training for school nurses within the State of Maine are part of the public health workforce development priorities determined by the Memorandum of Understanding (MOU) between the Department of Health and Human Services Maine Center for Disease Control and Prevention (DHHS or Maine CDC) and the Maine Department of Education (DOE).

Pediatric Education for Prehospital Professionals (PEPP), Fourth Edition is an evidence-based resource of essential medical content for the assessment and management of infants and children in the field. This respected and ground-breaking program paired physicians and EMS providers together to ensure the content reflects current best practices and the realities of the field. Developed by the American Academy of Pediatrics, PEPP is designed to give prehospital professionals the knowledge, skills, and confidence they need to effectively assess and manage pediatric patients.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Delta Ambulance has trained and qualified staff to provide this course to school nurses in multiple locations in the state in a limited period of time. With limited time between securing of funds and the required services, there was inadequate time for an RFP process.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs for the service is in alignment with other emergency response trainings provided to healthcare personnel.

4. Describe the plan for future competition for the goods or services.

If time allows in the future, the Department will consider an RFP process.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Julie A. Smyth</i> 4E2127A8492A43A...		
	Typed Name:	Julie A. Smyth, Director OSSS	Date: 3/31/2023
Signature of DAFS Procurement Official:	DocuSigned by: <i>Michelle Fournier</i> 066BBD96EE5347F...		
	Typed Name:	Michelle Fournier	Date: 4/21/2023

**Certificate Of Completion**

Envelope Id: 85E20DBD82D44186A2BC17DA2322D009	Status: Completed
Subject: Please DocuSign Delta Ambulance PJF CT 20230320*2372	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Staci Warren
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Staci.H.Warren@maine.gov
	IP Address: 162.248.186.11

**Record Tracking**

Status: Original	Holder: Staci Warren	Location: DocuSign
3/31/2023 8:08:14 AM	Staci.H.Warren@maine.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

**Signer Events**

Julie A. Smyth  
 Julie.A.Smyth@maine.gov  
 Director, Office of School and Student Supports  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 4E2127A8492A43A...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 76.179.10.194

**Timestamp**

Sent: 3/31/2023 8:09:41 AM  
 Viewed: 3/31/2023 2:49:34 PM  
 Signed: 3/31/2023 2:49:42 PM

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**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

Cristina Stade  
 Cristina.Stade@maine.gov  
 Carahsoft OBO Maine Department of Education  
 Security Level: Email, Account Authentication (None)

**COPIED**

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**Witness Events**

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**Timestamp**

**Notary Events**

**Signature**

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**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent	Hashed/Encrypted	3/31/2023 8:09:41 AM
Certified Delivered	Security Checked	3/31/2023 2:49:34 PM
Signing Complete	Security Checked	3/31/2023 2:49:42 PM
Completed	Security Checked	3/31/2023 2:49:43 PM

**Payment Events**

**Status**

**Timestamps**